

Work Order ID 93302

93302

Page 1

November-15-12 11:08:20 AM

Item ID: 647.1818

Accept

N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

Item Name: Nose Door Spacer

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan: MUS

Date: 12-11-14

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1800	N/C	0.00							
110		0.00							
110		0.00							
Waterjet	Memo								
FLOW CNC Waterjet	1-Cut as per Dwg								
2024. 190	Dwg Rev: N/C								
	Prog Rev: N/C								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120		0.00							
QC	Memo								
Quality Control									

3 0 Jm 12-11-25

Jm 12-11-25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

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Page 2

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

QC

Quality Control

QC8- Inspect parts - second check

0.00

AS
15
11/26

3

140

140

Small Fab

Small Fab

Memo

0.00

0.00

3

SB
13/02/21

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Shp
13.22)

3

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

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Page 3

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Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							CL 13/03/21 (3)
Outsource process - Anodize	Memo	0.00							
	ISSUE P/O: 19391								
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							
Packaging	Memo	0.00							
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00	AS 27 28						
Quality Control	Memo	0.00							
			1342						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Work Order ID 93302

November-15-12 11:08:21 AM

93302

Page 4

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan:

Date: Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

SprayPaint

Spray Painting

Memo

0.00

3 0 0 13-4-5

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 124204

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

3 DAS 05 13-01-08

Memo

0.00

210

210

Packaging

Packaging

Identify as per dwg & Stock Location: 139C 0.00

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

13/11/08 (3)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

Work Order ID 93302

93302

Page 5

November-15-12 11:08:21 AM

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Nose Door Spacer

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

13/4/10 

220

QC

Quality Control

Memo

0.00

MF

13-4-9

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

Picklist Print

November-15-12 11:08:20 AM

Page 1

Work Order ID: 93302

Start Date: 11/15/12

Required Date: 12/07/12

Parent Item: 647.1818

Start Qty: 3.00

Required Qty: 3.00

Parent Item Name: Nose Door Spacer

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S0.190 2024-T3 .190 sheet		Purchased	No			110	sf	47.6000	0.057	0.18 0.2		Jm 2-1-25	

Location	Loc Qty	Loc Code
MAT019	47.6	
123305	47.6	123305

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

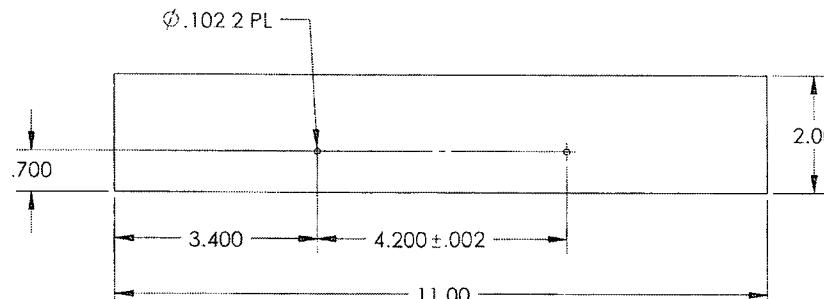
QA Closed: _____ Date: _____

1. MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III.

CLASS 2, COLOR BLACK:
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-2337J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 93302 MLJ
12-11-16

647.1810

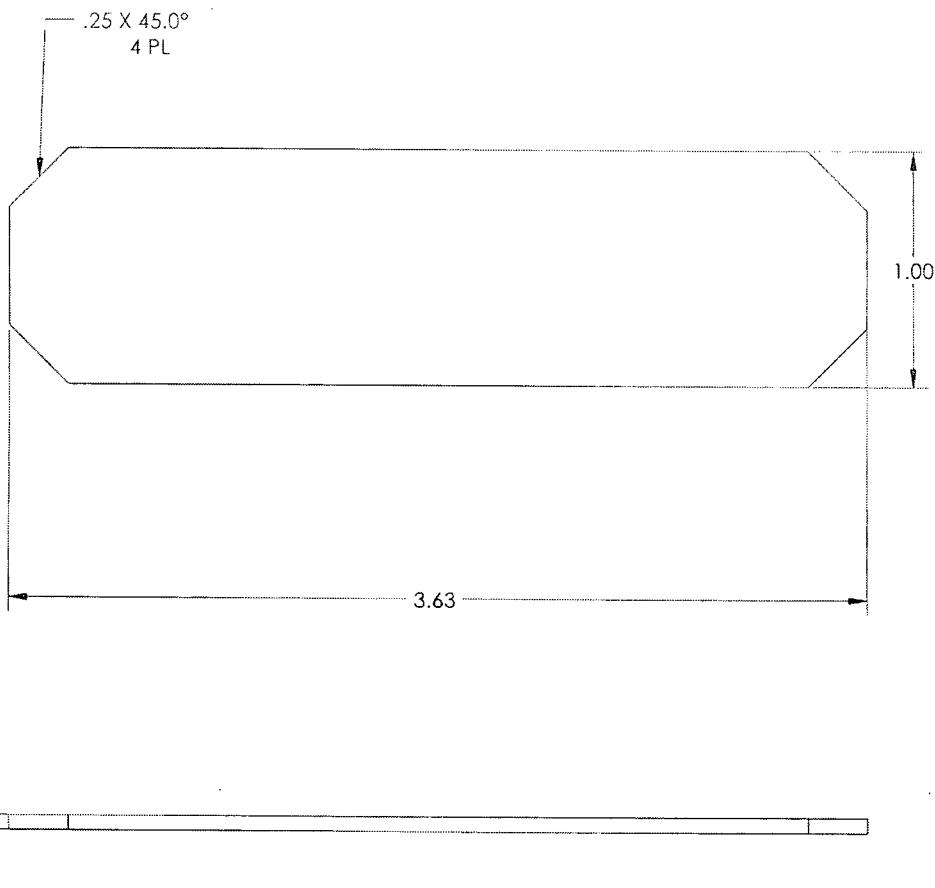
QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
	647.1818		NOSE DOOR SPACER		
	647.1817		SUPPORT, RH		
	647.1816		SUPPORT, LH		
	647.1815		GUSSET, RH		
	647.1814		GUSSET, LH		
	647.1813		ANGLE		
	647.1812		SHIM		
	647.1811		SPACER		
	647.1810		NOSE DOOR DOUBLER		

NEXT ASSY (\$) **APICAL INDUSTRIES**
DRAWN BY **2608 TEMPLE HEIGHTS DR.**
24/01/2016 **OCEANSIDE, CA. 92056-3512 (760)724-5300**
DRAFTED BY **30**
CHECKED BY **SPWAD**
APPROVAL **SPWAD**
DRAFTS **30**
CONTRACT NO. **30**

NOTE: ORIGINATOR SPECIFIED
GEOMETRIC DIMENSIONS ARE IN INCHES.
TOLERANCES ARE IN INCHES.
1 PLACE DECIMALS \$0.01
2 PLACE DECIMALS \$0.005
3 PLACE DECIMALS \$0.001
4 PLACE DECIMALS \$0.0005

SCALE **1:1** **DATE** **12-11-16** **PART NO.** **647.1800** **REV.** **B** **07M26** **N/C**
SCALE **None** **DATE** **12-11-16** **PART NO.** **647.1800** **REV.** **None** **Sheet** **1 of 7**

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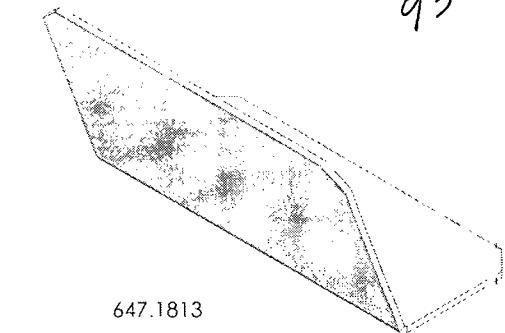
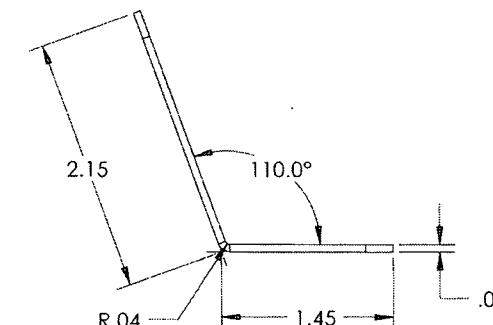
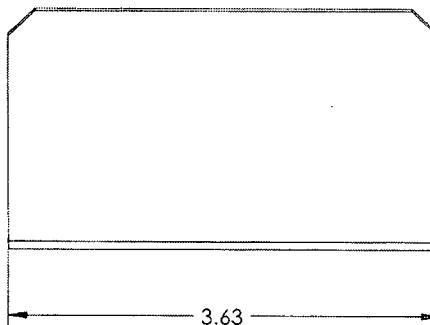
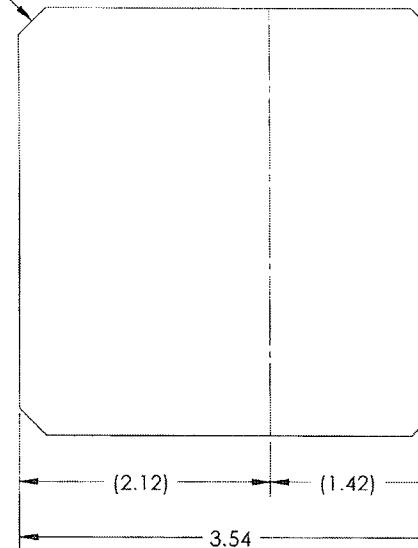


647.1811

CREATED DATE	DESIGNER
DRAWN BY	TECH/REP
2 DRAWINGS	0 REV/C
DRAWING APPROVAL	
SUPERVISOR	
CONTRACT NO.	
APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEETMETAL	
SIZE: 10x14-1/2x6	DOC. NO. 647.1800
B 67W26	REV. N/C
SCALE: NONE	
SHEET 2 OF 7	

93302

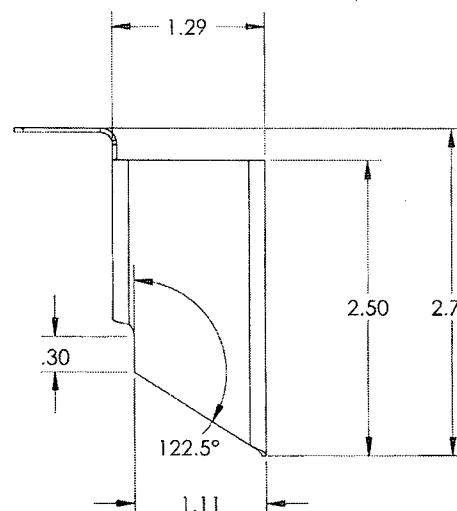
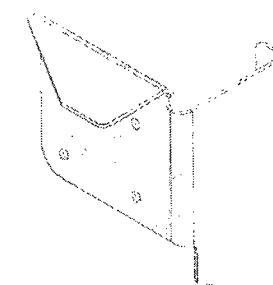
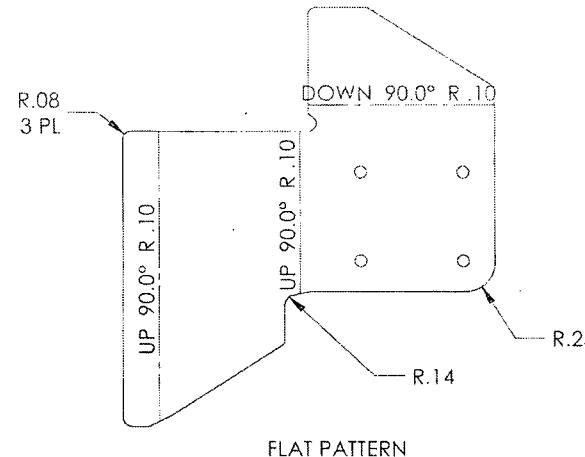
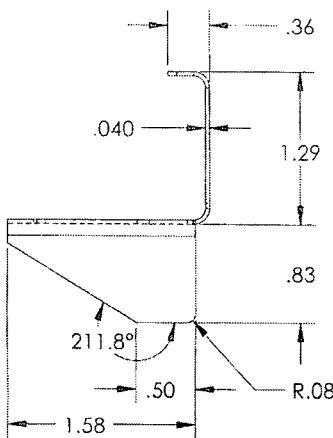
.23 X 45.0°
4 PL



ORIGINAL DATE	REVISION	DESIGNER	CHECKED
10/1/02		J.GARDNER	P.HANCO
DRAWING APPROVAL			
10/1/02 CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES			
TOLERANCES ARE IN INCHES 1 PLACE DECIMAL = ± .01 3 PLACES DECIMAL = ± .001 4 PLACES = ± .0001			
REV: EACH COPY	REV: NO	PEV	
B 07M26	647.1800	N/C	
SCALE: NONE		SHEET 4 OF 7	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA. 92056-3512 (760)724-5300

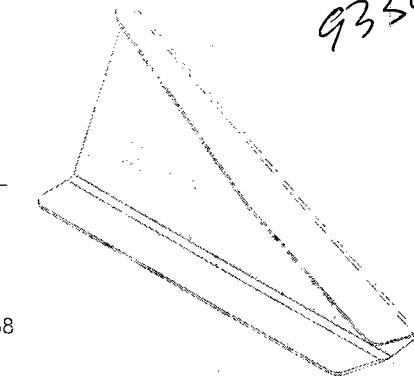
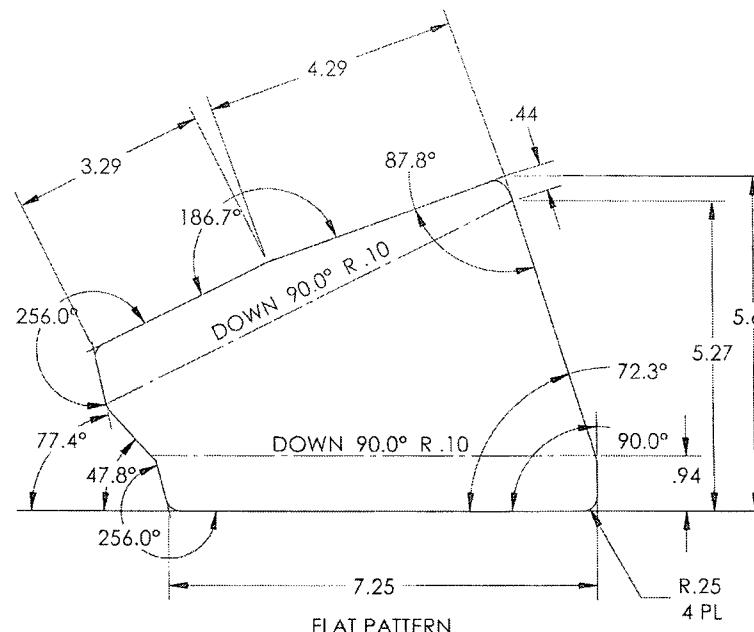
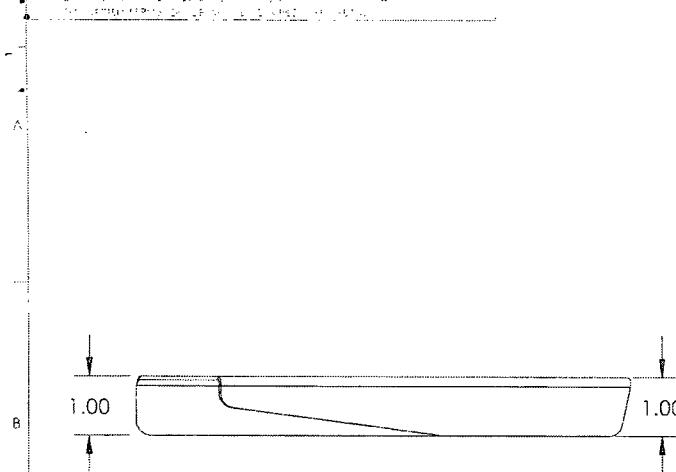
93302



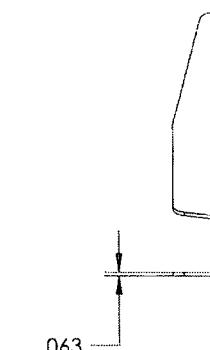
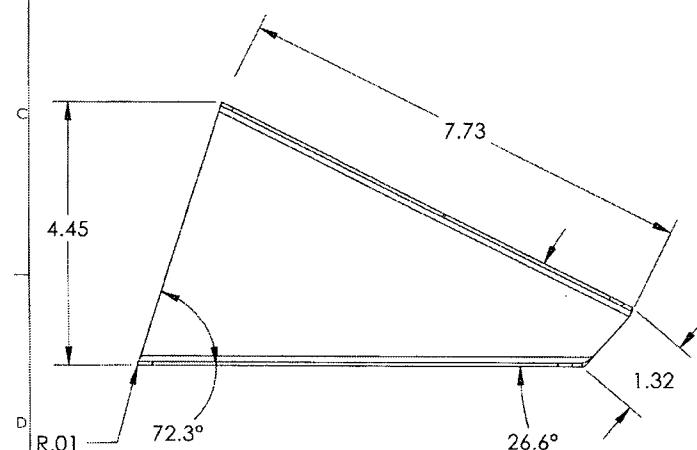
GENERAL DATE	REVISION
DRAWN BY	TECH/CHE
1-24-00 HEP	BRAVO
DRAWING APPROVAL	
RELEASER	RELEASING
COMPLIMENT	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FOR SPACES DECIMALS 2.01 SPACE DECIMALS 2.00 ANGLE & Z 2.00	
FILE LOC/CODE	REV. NO.
B 07M26	647.1800
SCALE: NONE	P.V. N/C
SHEET 5 OF 7	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300
SHEETMETAL

93302



647.1816 SHOWN
647.1817 OPPOSITE



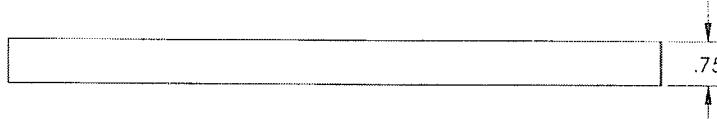
ORIGINAL DATE:	REVISION DATE:
DRAWN BY:	CHECKED BY:
J. GARDNER	P. BRAVO
DRAWING APPROVAL	
J. GARDNER P. BRAVO COMPTAC INC.	
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES	
1 PLACE DECIMALS ± .01	
2 PLACE DECIMALS ± .002	
ANGLES ± 5°	
GAGE CODE:	ENG. RD:
B 07MA6	647.1800
SCALE: NONE	REV: N/C
SHEET: 4 OF 7	

APICAL INDUSTRIES

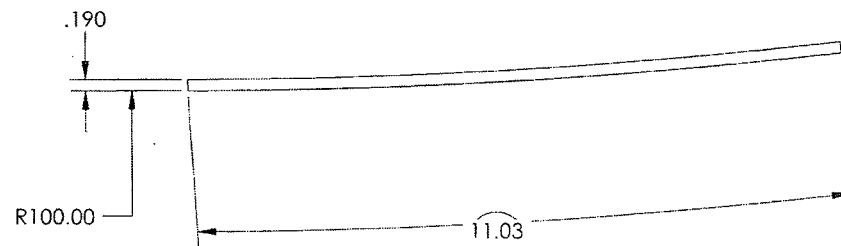
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-9300

SHEETMETAL

93302



647.1818



CREATED DATE 05/04/2011 10:51 AM	REVIEWED DATE 05/04/2011 10:51 AM
BY: J GARDNER	BY: J GARDNER
DRAWING APPROVAL	
BY: J GARDNER	
COMFACT NO:	
UNLESS OTHERWISE SPECIFIED TOLERANCES ARE AS SHOWN TOLERANCE RATE: 1 PLACE DECIMAL = ±1.00 3 PLACE DECIMAL = ±0.000 ANGLES = ±5°	
INCL CAGE CODE:	DRAW. NO:
B 07M26	647.1800
SCALE: NONE	
SHEET 7 OF 7	

APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL

DART AEROSPACE LTD

Work Order:

93302

Description: Nose Over Spray

Part Number: G47.1818

Inspection Dwg: 647-1800 Rev: N/A

Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm
Date:	(2-11-25)

Audited by:	15
Date:	15/12/2006

Preliminary Approval:	
Date:	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62289

Date: 28-Mar-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 646.3010 8 PCS 646.3011 10 PCS 646.3110 20 PCS 646.3310 20 PCS 646.3311 7 PCS 646.3410 6 PCS 646.3411 20 PCS 646.3810 21 PCS 646.3812 6 PCS 647.1912 3 PCS 647.1818 2 PCS 647.1915 5 PCS 647.2201 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130184
	Rev: PO: 19391 Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE <u>38/3/13</u> CERTIFIED SIGNATURE : <u>M</u> RECEIVER SIGNATURE : _____